

PSJ3

Exhibit 63

THE PURDUE FREDERICK COMPANY-MEDICAL EDUCATION DEPT

100 Connecticut Avenue, Norwalk, CT 06850

Speaker Confirmation & Follow-Up Form PF Track No. BV11004

Date: 10/24 and 10/25/96

Time:

6:00PM and 8AM

Type of Meeting: Medical Staff Meeting

Location: Hospital/Organization (Provider): Graham Hospital

Address/City/State: Canton, IL (Graham Hospital, 210 West Walnut Street)

Topic Requested: Pain Management

Lecture Confirmation Information:

Spkr: June Dahl, PhD
 Addr: University of Wisconsin/Madison - School of Medicine
 3780 Med. Science Center/1300 University Avenue
 Madison, WI 53706

Because of regulatory considerations, please be advised that if during your talk, you discuss any of our products, this should be within only the framework of approved labeling and approved recommended indications and uses for the product.

Audience Anticipated: Approximately (#) 40 (Type) Nurses
 If you have any questions, please call Wendy Pintard at (203) 854-7239

Financial Support Information:

Type (as directed by Provider): (x) Direct To Speaker; () Funding To Provider
 Travel Agency Arrangements: () Not applicable in funding; () Not Required;
 () Direct billing to PF not permitted by Provider,
 (x) Required—Only arrangements made through Wagonlit Travel (800/745-3210) will be covered

*Follow-Up Information: (Completed By Speaker Post-Lecture And Returned In Enclosed Envelope)**Program Assessment By Speaker:*

Topic Presented (if different than above) _____

{Scale: 1 (poor) 2 3 4 5 (excellent)}

Audience: Size 50 Reaction Positive Knowledge of Topic Mixed How helpful was PF Rep to you? Extremely

In a few words, please give us your overall impression of the program: _____

Financial Reimbursement Information:

Check payable to: () June Dahl, PhD

SSN _____

or Tax ID # _____

University of Wisconsin/Madison - School of Medicine, 3780 Med. Science Center/1300 University Avenue, Madison, WI 53706

Tax ID # _____

WPI 11/1/96

Honorarium:	\$1250.00	(1099)	Details: Mileage (\$0.22/mile)
Expenses:	\$ 48.43	(Bypass 1099)	Tolls/Parking

9.25
34.18

Grand Total:	\$ 1298.43	PLEASE ATTACH RECEIPTS
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Hotel
Meals
Other

Signed (Speaker): June L. Dahl

Date: 10/28/96

(For PF Office Use Only)
Requested By Wendy Pintard
Street)

Date To Accounting Dept 11/16/96

Description: 10/24 and 10/25/96, Canton, IL (Graham Hospital, 210 West Walnut

General Ledger No.: 671304800

M/E _____

PPLP/0208 () _____

PF/0101 () _____

PP/209 ()

Approved by: _____

McD Ed Use _____

11-13-96

drconfirm.doc

8102667038
PDD1701572909

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

PKY180790274

SPEAKERS BUREAU CONFIRMATION RECORD

Ltr Agr

(out)

(in)

Logged
Eval

Date Request Received

Tracking No.

Requesting Rep.

Talk Approved

Talk Date

B \ 11004

10/24 + 10/25

Speaker:

Date of Confirmation with Institution

9/4 June Dahl Ph.D.
June Dahl, Sch. of Med.
Univ. of Wisconsin
3780 W. 6th St. 53706
Madison, WI

Notes:

Date of Confirmation with Speaker

9/4

June Dahl
in
Jude Price R.N. PhD
Rust Park
7/25 w/ Marxism
Chicago, IL
312-563-2015
Confirm Letter

Date of Confirmation with Rep

Univ. of WI

Notes:

Reminder Target:
Reminder Actual:Thank You Target:
Thank You Actual:

Speaker Bureau ()

Honorarium for this Talk:

8102667039
PDD1701572910

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PKY180790275

>>> From : 7507 96-07-24 08:03:07 <<<
 MEDICAL EDUCATION DEPARTMENT:
 SPEAKER REQUEST FORM

DIRECTIONS:

- 1- Send via E-Mail to box 9993.
- 2- Send (via E-Mail) a copy of this form to your District Manager and Regional Manager.

PROGRAM

PROGRAM DESCRIPTION OR NAME OF MEETING: GRAHAM HOSPITAL
 MEDICAL STAFF MEETING

REQUESTED TOPIC FOR LECTURE:

PAIN MANAGEMENT

DATE: 10-24-96
 10-25-96

TIME: 6:00 P-M
 8:00 A-M

ALTERNATE DATE(S):

TIME:

TIME:

LOCATION (ADDRESS AND ROOM NUMBER):

GRAHAM HOSPITAL
 210 WEST WALNUT ST. BOARD ROOM
 CANTON, IL. 61520

IS THIS PART OF A FULL DAY PROGRAM?

(Y/N)
 NO NOT A FULL DAY PROGRAM

SPONSORING ORGANIZATION:

GRAHAM HOSPITAL

ESTIMATE ATTENDANCE:

MDs: 20

PHARMS: 3

NURSES: 40-50

PAs: 2

OTHERS:

ADDITIONAL REQUIREMENTS:

MAT VOGEL RPH, DIRECTOR OF PHARMACY, AND DENNIS RETER MD, HOSPICE DIRECTOR, HAVE HEARD JUNE L. DAHL PHD SPEAK AND ARE IN CONTACT WITH HER TO COME ON 10-24-96. SHE WOULD TALK TO THE MED STAFF ON THE PM OF 10-24 AND TO HOSPICE AND OTHER STAFF ON THE AM OF 10-25.

PROGRAM CONTACT(S)

NAME OF PERSON RESPONSIBLE FOR MEETING:

MATTHEW VOGEL RPH

TITLE:

DIRECTOR OF PHARMACY
 GRAHAM HOSPITAL

STREET:

210 WEST WALNUT ST

8102667040
 PDD1701572911

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PKY180790276

[CITY:] CANTON [STATE:] IL [ZIP:] 61520

[TELEPHONE:] (309) 647-5240 EXT 292

[MEETING CONTACT (IF DIFFERENT THAN ABOVE):]

[TITLE:]

[STREET:]

[CITY:]

[STATE:]

[ZIP:]

[TELEPHONE:] ()

[SPEAKER REQUESTED:]

[SPEAKER LOCATION:]

- 1 JUNE L. DAHL PHD
2
3

(S) MADISON, WISCONSIN

[TRAVEL REQUIREMENTS:] SHE WILL DRIVE AND STAY IN A HOTEL PM OF 10-24

ESTIMATED DISTANCE AND TIME FROM THE PROGRAM SITE FOR SPEAKER
CHOICE #1:

[MILES (ONE WAY):] ???

[TIME:] ???

SUBMITTED BY

[REPRESENTATIVE TERRITORY #:]

7500507

[NAME:] BOB VAN PELT

[DATE OF REQUEST:] 7-24-96

APPROVAL

[MEDICAL EDUCATION DEPARTMENT]

YES NO

[NAME:]

[DATE:] 7/25/96

[Handwritten signature]

[Handwritten notes and signatures]

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PDD1701572912

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PKY180790277

THE PURDUE FREDERICK COMPANY-MEDICAL EDUCATION DEPT

100 Connecticut Avenue, Norwalk, CT 06850

Speaker Confirmation & Follow-Up Form PF Track No. BV11004

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University of Wisconsin/Madison - School of Medicine, 3780 Med. Science Center/1300 University Avenue, Madison,
WI 53706 : Tax ID # _____

Honorarium:	<u>\$1250.00</u>	(1099)	Details:	Mileage (\$0.22/mile)	_____
Expenses:	<u>\$</u>	(Bypass 1099)	Tolls/Parking	_____	
			Hotel	_____	
			Meals	_____	
			Other	_____	

*PLEASE
ATTACH RECEIPTS*

Signed (Speaker): _____ Date: _____

 (For PF Office Use Only) Date To Accounting Dept _____

Requested By Wendy Pintard Description: 10/24 and 10/25/96, Canton, IL (Graham Hospital, 210 West Walnut Street)

General Ledger No.: 671304800 M/E _____
 PPLP/0208 () _____ PF/0101 () _____ PP/209 () _____
 Approved by: _____ Med Ed Use _____

drconfrm.doc

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PDD1701572913

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PKY180790278